PERMANENT RECORD BINDING WRITE PLAINLY, WITH UNFADING INK-THIS IS FOR RESERVED MARGIN

8. No.

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSIGIANS should state GAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. K N. B.

Village or City Conouries (No. 89)	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male Coloned Single, Marrieo, Misoweo, Wisoweo, Oroivorceo (Write the word)	18 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
TAGE Comparison Comparison	that I last saw have alive on Jones 13, 1913, and that death occurred on the date stated above, at 12 m. The CAUSE OF BEATH* was as follows:
(b) General nature of Industry, business, or establishment in which employed (or employer)	Gontributory Alute Tryenia (Secondary)
10 NAME OF FATHER Herbert Ociken 11 BIRTHPLACE (State or country) Harfund Co. Mod 12 MAIDEN NAME 7 (10 B) 12 MAIDEN NAME 7 (10 B) 13 MAIDEN NAME 7 (10 B) 14 MAIDEN NAME 7 (10 B) 15 MOTHER TO B	(Signed)
13 BIRTHPLACE OF MOTHER (State or country) Cocci Bo Md	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, mos, ds. State yrs, mos, ds. Where was disease contracted,
(Interment) Herbert Ocker (Address) Darlington Md Filed June 1 1913 N. R. Caerere Topply June 1 REGISTRAR	16 place of death? Former or usual residence. 16 place of Burial or Removal PLACE OF BURIAL 20 UNDERTIALER Salar / S Jush Color ao Mol
If more blanks are needed, address State Registra	c, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation bas of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry; and therefore an Civil engineer, Stationary Arcman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, ness of various pursuits can be known. The question Housewife, Housework, or At Home, and children, not (a) Spinner, essary to know cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative Lealthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salesman, (a) the kind of work and also (b) return "Laborer," Farmer or Planter, "Foreman," -Coal

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid disease." Pronchopneumonia, "unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinosis of lungs, meninges, peritonaeum, etc..

sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Puerperal septicharmus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras. genital," "Senile," etc.), "Dropsy," "Exhaustion," ample: Measles (disease causing death), 29 ds.: ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJUSY and qualify as which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (mereiy symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Meastes; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mailg oma. Surcoma. etc., of The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) (name origin; "Can State cause for Never report Examples:



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD MARGIN RESERVED FOR BINDING

	1 PLAGE OF DEATH	STATE OF MARYLAND
	(ecil 7903 //Q	CERTIFICATE OF DEATH
Cou	inty acu	1. 921
	0 0+	Registration Dist, No
VIII	age or City Uppleton (No.	St.; Ward) [If death occurred in
All	age or City (No,	a hospital or institution,
	VI P	of street and number.]
	FULL NAME SOME	evi wewwar
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 5 8	X 4 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH
7	11 1 1 L. WIDOWED, William	(Month) (Day (Year)
11	Male Male (Write the word)	17 I HEREBY CERTIFY That I attended deceased from
6 D/	TE OF BIRTH	June 12th 3 to June 6 1913.
	May 30 1887	
-	(Month) (Day (Year)	that I last saw h. (Aug. allve on Aug.) 191
TAC		and that death occurred on the date stated above, at
	2 7 yrs mos ds. OR min.?	The CAUSE OF DEATH* was as follows:
600	CCUPATION	f f
(a)	Trade, profession, or	Minorary Vulterculoses
	General nature of Industry,	
bus	ness, or establishment in	(Duration) Zyrs. mos. ds.
	ch employed (or employer)	Contributory
BI	RTHPLACE (State or country)	Secondary
	10,000	(Ouration)/ yrs, mos ds.
	10 NAME OF FATHER	(Signed) H D H LAL - M. D.
S	11 DISTURDED WEAVER	1-6 3 Kon blow 100 B
ARENTS	of Father (State of State of S	O ,191 (Address) / Culored Ville Jai
KEI	(State or country)	*State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
PAF	12 MAIDEN NAME OF MOTHER	
LL,	13 BIRTHPLACE	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
	OF MOTHER (State or country)	At place In the of death yrs mos ds. State yrs, mos ds
14 -	HE ABOVE IS-TRUE TO THE BEST-OF MY KNOWLEDGE	Where was disease contracted,
	(R (B) 1 - 10	If not at place of death?
	(Informant) Land Control of the Cont	usual residence
	(Address) appleton MS	19 PLACE OF BURIAL OR REMOVAL PATE OF BURIAL
15	A + / / A FT	Elkton June 8 1913
	Jane 7 mg (, + Trans)	30 UNDERTAKER (D) ADDRESS
FII	REGISTRAR	Vinsinger & Tilling Elkton
1		trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.
	- The state of the	The state of the s

[Approved by U. S. Census and American Public Health Association.]

...Grocery; (a) Foreman, (b) Automobile factory. The material worked on may form part of the second cated thus: gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursults can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations who receive a definite salary), may be entered as (a) Spinner, (b) Cotton mill; (a) Salesman, Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons return "Laborer," "Foreman,"

("Pneumonia," unqualified, is indefinite): Fright AU. V. S. pneumonia"); Lobar pneumonia; Brondiopneumonia fever (the only definite synonym is "Epidemic cere- 1- (VII) term for the same discase. Examples: Corebrospinal causing death (the primary affection with respect to time and causation), using always the same accepted Statement of cause of death-Name, first, the DISEASE meningitis"); Diphtheria (aspid use of Typhoid fever (never report "Typhold

aant neoplasms); Meastes; Whooping cough; Chronic mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.; valvular heart disease; Chronie interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Cansepsis, tetanus) may be stated under the head of LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichuectc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As Bronehopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory." injury, as fracture of skull, and consequences (c. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of State cause for For VIO-

If this certificate is looked over thoroughly and nil questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

Re-pent to be signed

PLACE OF DEATH 7904 County Cecil	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No
Village or City Ches apeake (No. 2 FULL NAME John Chus	St.; Ward) St.; Ward) St.; Ward) St.; Ward) St.; If death occurred in a hospital or institution, give its NAME instead ot street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male General Single, Married, Willower, Wille, the word)	16 DATE OF DEATH (Month) (Day (Year) 1 HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH	June 2, 1913, to June 9, 1913,
(Month) (Day (Year)	that I last saw h My slive on June 9 1, 1913
7 AGE If LESS than	and that death occurred on the date stated above, at 100 m.
yrs	The CAUSE OF DEATH* was as follows:
8 OCCUPATION	y - p - j
(a) Trade, profession, or particular kind of work	Carly Capilal
(b) General nature of Industry, business, or establishment in which amployed (or employer)	(Duration) A yrs mos 6 ds.
9 BIRTHPLACE (State or country) Maryland	Contributory Collision bounformation of
10 NAME OF John C. Broadura	(Signed) (Signed) M. D.
OF FATHER	June 10, 191 3 (Address) Ches. City, Mil
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 MAIDEN NAME OF MOTHER 14 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden- TAL, SUICIDAL, or HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) Mary Caud	or RECENT RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS) At place In the of death yrs, mos, ds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
(Informant) The Condinay	Former or usual residence.
(Address) Chesapeake City, Ma	19 PLACE OF WURIAL OF REMOVAL DATE OF BURIAL
Filed Jame 10, 191 3 Septe Hague	20 UNDERTABER ADDRESS OF
If more blanks are needed, address State Regis	trar, CE. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

fication as Day laborer, Farm laborer, Laborer-Coal statemeut. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; Physician, Compositor, Architect, Locomotive engineer, tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as: should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speci-(a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, c. g., applies to each and every person, irrespective of age. ness of various pursuits can be known. The question For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons Farmer or Planter, As examples: "Foreman," (d)

pneumonia"); Lobar pneumonia; Bronchopneumonia brospinal meningitis"); Diphtheria causing death (the primary affection with respect to lesis of lungs, meninges, peritonaeum, etc., ("Pneumonia." term for the same disease. Examples: Cerebrospinal time and causatiou), using always the same accepted "Croup";) fever (the only definite synonym is "Epidemic cere-Statement of cause of death-Name, first, the DISEASE Typhoid unqualified, is indefinite): Tubercufever (never report "Typhold (avoid use

> nant neoplusms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligwhich surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichae mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marus genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory." scpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as etc., when a definite disease can be ascertained as the Bronchopneumonia (secondary), 10 ds. Never report The contributory Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations ou statement of (secondary or intercurrent) State cause for

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BUREAU, V.S.
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S. No.

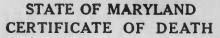
RECORD PERMANENT UNFADING INK-THIS IS WRITE PLAINLY, WITH

PHYSICIANS should state of OCCUPATION is very AGE should be stated EXACTLY. properly classified. Exact statement of Information B.—Every Item CAUSE OF ż

Important,

7905

1 PLACE OF DEATH



Registration Dist No

Vil	lage or City of Definition of 12	St.; Ward) [If death occurred in a hospital or iostitution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
35	emale White on the word)	Amonth (Day (Year) I HEREBY CERTIFY. That I attended deceased from
8 D	ATE OF BIRTH (Month) (Day (Tear)	that I last saw h. A. alive on
TA	GE Syrs mes 30 ds. OR min.?	and that death occurred on the date stated above, at 5 50 Pm. The CAUSE OF DEATH* was as follows:
(a	CCUPATION) Trade, protession, or ricular kind of work school gurl	Premona
bus	General nature of Industry, siness, or establishment in ich employed (or employer)	Contributory of Marchaelia,
PARENTS	10 NAME OF FATHER Solum Brown 11 BIRTHPLACE OF FATHER (State of Sountry) Cecil Co Jud 12 MAIDEN MARE	(Signed)
	13 BIRTHPLACE OF MOTHER (State or country) THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the other death yrs, mas, ds. State yrs, mes, ds Where was disease contracted, It not at place of death?

BURIAL OR REMOVAL

REGISTRAR If more blanks are needed, address State Registrar, 6 E. Frankin St., Balto., Requesting V. S. No. 1.

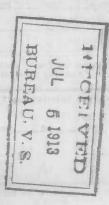
usual residence

[Approved by U. S. Census and American Public Health Association.]

"Mauager," "Dealer," etc., without more precise specistatement. Groeery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second the nature of the business or industry, and therefore an essary to know cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not Civil engineer, Stationary freman, etc. But In many For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, thus: If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) (b) Cotton mill; (a) Salesman, (a) the kind of work and also (b) For persons "Foreman,

lesis of lungs, pneumonia"); brospinal meningitis"); Diphtheria (avoid time and causation), using always the same accepted CAUSING DEATH (the primary affection with respect to ("Pncumonia," unqualified, is Indefinite): Tubereu-"Croup";) fever (the only definite synonym is "Epidemic cereterm for the same disease. Statement of cause of death-Name, first, the DISEASE Tuphoid fever. Lobar pneumonia; Bronchopneumonia meninges, peritonaeum, etc., Carcin-Examples: Cerebrospinal (never report "Typhoid use of

> nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaccause. Always qualify all diseases resulting from etc., when a defiuite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Collapse," "Coma," "Couvulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Can-The contributory tctanus) Measles (disease causing death), 29 ds.; (Recommendations on statement of may be stated under the head (secondary or intercurrent) "Dropsy." "Exhaustion," State cause for Never report 01



N. B.—Every item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING MARGIN RESERVED FOR V. S. No. 1.

Village or City Onorong (No.	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. St.; Ward) St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX Male Ologed Orbitale (Write the word) 3 SEX A COTOR OR RACE S SINGLE, MARRIED, WIDOWED, WIDOWED, ORDIVORCED (Write the word)	(Month) (Day (Year) 16 DATE OF DEATH (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from
(Month) (Day (Year)	that I last saw has alive on the 20 1913
TAGE about 39 yrs. mos. ds. OR min.?	and that death occurred on the sate attack above, atm. The CAUSE OF DEATH * was as follows:
8 OCCUPATION (a) Trade, profession, or Jocal Greacher particular kind of work	Tub reculosis of Trugs
(b) General nature of industry, business, or establishment in which employed (or employer)	(Duration) yrs 4 mos. ds.
9 BIRTHPLACE (State or country) Ocil Country Md	Secondary (Ouration) yrs mos ds.
10 NAME OF William Cerris Butter	(Signed) M. M. Magaw. M. D.
11 BIRTHPLACE OF FATHER (State or country) Coll Country Md 12 MAIDEN NAME OF MOTHER OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL
13 RIPTHPLACE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place
OF MOTHER (State or country) Scil Sunty MA	of death yrs. mos. Dis state yrs. mos. Dis Where was disease contracted yel adelpha a.
(Informant) Januar Oulle (Address) Conormago Ma	Former or usual residence was home almuta werk 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed mil 26, 1913 A. Cameron	20 UNDERTAKER B. Tosh ADDRESS
1 governous end	rar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But iu many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers material worked on may form part of the second been changed or given up on account of the disease Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synouym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcsis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic sepsis, tetanu LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Numenclature of the American McMick(1983) cin (491.) "Coutributory. by carbolic acin-probably suicide. The nature dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertakeu. For viochildbirth or miscarriage as "Puerperal septichaecause. ctc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inauition," "Marus genital," "Seuile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Couvulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report The contributory Always qualify all diseases resulting from may be stated under the head of Reedinheral incompany statement of (secondary or intercurrent) under the head of The name of the State cause for

If this certificate is looked over horoughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before

the certificate is permanently filed.



PHYSICIANS should state of OCCUPATION Is very RECORD RMANENT Exact classifled. be properly supplied. ~ = that back should plain Instructions Information 5 of Inform DEATH See Instri Item PO Every Item CAUSE OF Important.

STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH County. Registration Dist. No Ilf death occurred to St .:Ward) a hospital or institution, give Its NAME Instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE. 16 DATE OF DEATH MARRIED, WIDOWED, (Day ORDIVORCED (Month) (Year) I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH 191..... to. alive on (Month) (Year) (Day 7 AGE If LESS than and that death occurred on the date stated above at ... The CAUSE OF DEATH * was as follows: 1 dayhrs. BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) ... 9 BIRTHPLACE Contributory Secondary (State or country) 10 NAME OF FATHER 11 BIRTHPLACE ARENT OF FATHER (State or country *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, Suicidal, or Homicidal. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) of death yrs. mos. ds. State yrs, ____ mos. Where was disease contracted. If not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL 15 20 UNDERTAKER Filed REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulcated thus: CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persous return "Laborer," As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercutsis of lungs, meninges, peritonaeum, etc., Carcin

nant neoplasms); Meastes; Whooping cough; Chronic affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of..... (name origin; "Canmus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.; cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-Bronchopneumonia (secondary), 10 ds. Never report ture of the American Medical Association. "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) may be stated under the head of Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of State cause for



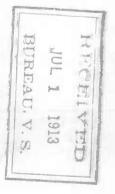
C	ounty Cocil	STATE OF MARYLAND CERTIFICATE OF DEATH Registered No. 93
V	FULL NAME Rachel A	St; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
35	EX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, WIDOWED, WIDOWED, WITH the word)	16 DATE OF DEATH The Month (Day) (Year)
8 0	ATE OF BIRTH Mch 44 (Month) (Day) (Year)	that I last saw h alive on from 24, 1913,
7 A	GE If LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at 5,30 Pm, The CAUSE OF DEATH* was as follows:
bus wh	OCCUPATION Trade, profession, or Annac Keeper ricular kind of work General nature of Industry, siness, or establishment in ich empioyed (or employer) IRTHPLACE tate or country) Many Land	Contributory Chronic Nephridio (Secondary) (Ouration) yrs. mos. 4 ds. Contributory Chronic Nephridio (Secondary)
S	10 NAME OF FATHER MAPS	(Signed) M. D. M. D. Cherry Hice In
ARENT	OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, to deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
d.	13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALA, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death
141	(Informant) Sold Market Sold M	Where was disease contracted, If not at place of death? Former or usual residence
16 FI	led June 21, 1913 6. H. Dright	Chirty fill fame 26, 1913 20 UNDERTAKER BOUND Chirtyfill
	or more blanks are needed, address State Registrar, 6 E	Franklih St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engincer, Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salcsman, additional line is provided for the latter statement; the nature of the business or industry, and therefore an Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question mine, etc. essary to know (a) the kind of work and also (b) For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing disease and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal tever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinoscia

cause of death approved by Committee on Nomenclasepsis, tctanus) may be stated under the head of injury, as fracture of skuii, and consequences (e. g., by carbolic acid-probably suicidc. The nature of the such, if impossible to determine definitely. Examples: mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Puerperal septichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritis ture of the American Medical Association.) dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioample: Measles (disease causing affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for malig "Contributory." Accidental drowning; Struck by railway train—accimere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report oma. Sarcoma. etc., of .. The contributory (secondary or intercurrent) Aiways qualify all diseases resulting from (Recommendations on statement of (name origin; "Candeath), 29



V. S. No. 1.

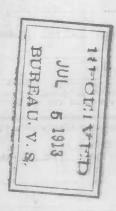
1 PLACE OF DEATH	7909	STATE OF MARY CERTIFICATE OF	
Village or City Man Perry &	afola (Registration Dist. St.;Ward)	No. [It death occurred in a hospital or institution, give its NAME instead of street and number.]
FULL NAME Wer	oy N	Jully	or orteer and manner.]
PERSONAL AND STATISTICAL PART	CULARS	MEDICAL CERTIFICATE OF	DEATH
	cep he word)	16 DATE OF DEATH (Month) 17 I HEREBY CERTIFY, That I a	(Day (Year)
6 DATE OF BIRTH (Month) (D)	6 , 1913 ay (Year)	that I last saw h is allve on The	1
7 AGE yrs mos	It LESS than 1 day, hrs. OR min.?	and that death occurred on the date stated at The CAUSE OF DEATH* was as follows:	pove, at 2.P.
(a) Trade, protession, or particular kind of work			ramen Cvale
which employed (or employer) BIRTHPLACE (State or country) Has leavely	er Mkhia	Secondary	velopment
OF TATHER 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country)	Pully	(Signed) J. F. Magran Julie 14, 1913 (Address) Pry	ville med
OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER August Interpretation	Beck	(*State the DISEASE CAUSING DEATH, of, in CAUSES, state (1) MEANS OF INJURY; and TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, IN OR RECENT RESIDENTS)	
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE S TRUE TO THE BEST OF MY K	NOWLEDGE	At place in the ot death yrs mos ds. State Where was disease contracted,	yrs d
(Informant) Smillow on Ou	lly	If not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL	***************************************
15 Filed 4/3 1913 N.M. Care	erare .	It- Grankes Cemeleron	DATE OF BURIAL
If more blanks are needed,	REGISTRAR address State Regis	Strar, 6 E. Branklin St., Balto., Requesting N. S. N	yttidal.

[Approved by U. S. Census and American Public Health Association.]

tiou is very important, so that the relative healthfulcausing death, state occupation at beginning of illshould be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every persou, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, thus: If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) (b) Cotton mill; (a) Salesman, (a) the kind of work and also (b) As examples: For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease death respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synouym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of tungs, meninges, peritonaeum, etc., Carcin-

cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichae etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failurc," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anacmia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronie oma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) by earbolie acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-Bronchopneumonia (secondary), 10 ds. is less defiuite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of may be stated under the head "Dropsy," "Exhaustlon," State cause for Never report For vio-



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RECORD

STATE OF MARYLAND 1 PLACE OF DEATH 7910 CERTIFICATE OF DEATH Registration Dist. No. Ilt death occurred la St.:...Ward) a hospital or Institution. give its NAME instead of street and number. I MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH S SINGLE. 3 SEX 4 COLOR OR RACE 21 uni MARRIED, WIDOWED. (Month) (Day) ORDIVORCED (Write the word) I- HEREBY CERTIFY, That I attended deceased from B DATE OF BIRTH 191.3 to mus 26 (Year) (Month) (Day) If LESS than 7 AGE and that death occurred on the date stated above, at 930 Pm. 1 dayhrs. The CAUSE OF DEATH* was as follows: OR min. ? apole 6 OCCUPATION (a) Frade, protession, or (b) General nature of industry, business, or establishment in (Duration) which employed (or employer) Contributory. 9 BIRTHPLACE (State or country) (Secondary) 10 NAME OF FATHER (Signed) 11 BIRTHPLACE RENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME PA OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER _____ yrs. mos. State yrs, ____ mos. Where was disease contracted, It not at place of death? usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER ADDRESS REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

gainfully employed, as At school or At home. cated thus: Farmer (retired 6 yrs.). For persons fication, as Day laborer, Farm laborer, Laborer first line will be sufficient, e. g., Farmer or Planter, Kousewife, Housework, or At Home, and children, not CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has been changed or given up on account of the disease who have no occupation whatever, write None. ness. If retired from business, that fact may be indiof persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; who receive a definite salary), may be entered as statement. material worked on may form part of the second (a) Spinner, the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative kealthful-Statement of occupation-Precise statement of occupaetc. Women at home, who are engaged in the Never return (b) Cotton mill; (a) Salcsman, "Laborer," As examples: "Foreman," (0)

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If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

JUL 3 1918
BUREAU, V. S.

WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

S. No. 1.

Village or City Charlestown Mo- (No.).	Registration Dist. No. ——————————————————————————————————
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Temale Of hite (With the word)	16 DATE OF DEATH (Month) (Month) (Day) (Year) 17 O HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH 12 USIMber 18 , 1837 (Month) (Day) (Year)	that I last saw her allve on June 12 , 1913
7 AGE If LESS than t day, hrs. OR min. ?	and that death occurred on the date stated above, at 2 30 Q m The CAUSE OF DEATH* was as follows:
a) Trade, protession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) BIRTHPLACE	Chranic Interstitial Replicition (Buration) yrs. mos. ds Gentributory
(State or country) 10 NAME OF FATHER FEOLICK Syrouscuf 11 BIRTHPLACE OF FATHER (State or country)	(Secondary) (Becondary) (Duration) yrs mos ds (Signed) Of Gallivs , M. D June 14, 1913 (Address) North East, Md
(State or country) 2 MAIDEN NAME OF MOTHER Eligabeth 13 BIRTHPLACE OF MOTHER (State or country) Pa	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OR HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place in the of death
(Informant) It Saultain	Where was disease contracted, if not at place of death? Former or usual residence
Filed June 16, 191 3. Laciah Biololle REGISTRAR	Friendship Cernitery June 5, 1913. 20 UNDERTAKER Bailey Darlington, Mc

STATE OF MARYLAND

7911

1 PLACE OF DEATH

[Approved by U. S. Census and American Public Health-Association.]

of persons engaged in domestic service for wages, as should be taken to report specifically the occupations the nature of the business or industry; and therefore an cases, especially in industrial employments, it is necwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation bas gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-('oal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary Areman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples: For persons (d)

Statement of cause of death—Name, first, the disease causing death—In any affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid disease). Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonaeum, etc.. Carcin-

cause of death approved by Committee on Nomencla "Contributory." scpsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY, and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL pcritonitis," etc. childbirth or miscarriage, as "Purrement septichae etc., when a definite disease can be ascertained as the ~Kart failure," "Haemorrhage," "Inanition," "Maras-mus," "Old Age," "Shock." "Traemia," "Weakness," "Collapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As ample: Measles (disease causing death), 29 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neopiasms); Measles; Whooping cough; Chrowin oma. Sarcoma. etc., of .. ture of the American Mcdical Association.) Bronchopneumonia (secondary). 10 ds. is less definite; avoid use of "Tumor" for mails The contributory (secondary or intercurrent) Miways qualify all diseases resulting from "Senlie." etc.), "Dropsy," "Exhanstion," (Recommendations on statement of may be stated under the head (name origin; "Can State cause for Never report Examples:



MARGIN RESERVED FOR BINDING

V. S. No. 1.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

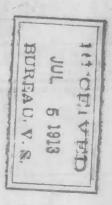
Village or City lacar Part (No. 1) of the Calma & H	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. St.; Ward) St.; Ward) [It death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female Lolute (Write the word) SEX Temale Lolute (Write the word) Separate of BIRTH March 28 1874	18 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY. That I attended deceased from 1919, 191, to 1913
7 AGE (Month) (Day) (Year) 7 AGE It LESS than 1 day,	and that death occurred on the date stated above, at
(a) Trade, protession, or particular kind of work. (b) Beneral nature of industry, business, or establishment in which employed (or employer)	(Ouration) / yrs. — mos. — ds.
9 BIRTHPLACE (State or country) Cearl Co Ind	(Secondary) (Duration) (Duration) (Duration)
11 BIRTHPLACE OF FATHER (State or country) Cecil Colond 12 Maiden Name OF MOTHER Serena In Mullin 13 BIRTHPLACE	(Signed), M. D. State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS. INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the
OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Informant) (Informant)	ot death yrs. mos. ds. State yrs. mos. ds Where was disease contracted, It not at place of death? Former or usual residence
Fliet June 4 to 1913 M. R. Common Registrar If more blanks are needed, address State Registrar, 6 E	20 UNDERTAKER Lackson Slyttedal E. Franklin St. Baito., Requesting V. S. No. 1

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations the nature of the business or industry, and therefore an who have no occupation whatever, write None been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, tion is very important, so that the relative healthfulmaterial worked on may form part of the second Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer. For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-(a) Spinner, (b) Cotton mill; (a) Salesman, (b) If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid deumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

childbirth or miscarriage. As "Purremeal septichae-mia," "Purremeal peritonitis," etc. State cause for "Contributory." injury, as fracture of skuii, and consequences (e. g., Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For voetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Traemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of ... ture of the American Medical Association.) cause of death approved by Committee on Nomencla sepsis, tetanus) may be stated under the head of by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned LENT DEATHS State MEANS OF INJURY and qualify as "Hart failure," "Haemorrhage," "Inanition," "Maras "Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Meastes (disease causing death), 29 is less definite; avoid use of "Tumor" for malig The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile." etc.), (Recommendations on statement of "Dropsy," "Exhaustion," ... (name origin; "Can-Examples:



			211			=	2 1 2 2	DELL	NN	2	2	MAH	WHILE PEANLEY, WITH CAPADING INA-INIS IS A PENMANENI RECO	2014
Every ltd	E	of Inf	ormatic	S UC	hould	pe	sarefully	supplied	AGE	should	be	stated E	Every liem of information should be carefully supplied. AGE should be stated EXACTLY. PHYSIC	PHYSIC
CAUSE	OF	DEAT	H In p	Sain	terms,	80	that It	may be	properi	y clas	sified.	Exact	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCI	of OC
Important. See instructions on back of certificate.	ند	See in	structic	ons c	on back	10	certifica	te.						

PLACE OF DEATH STATE OF MARYLAND 7913 CERTIFICATE OF DEATH Registration Dist. No. 96 Ilt death occurred in St :----Ward) a hospital or institution. give its NAME Instead ot street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS S SINGLE. 18 DATE OF DEATH 4 COLOR OR RACE MARRIED. WIDOWED, X (Month) (Day ORDIVORCED (Write the word) (Year) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Month) (Year (Day TAGE If LESS than and that death occurred on the date stated above, at 1 dayhrs. The CAUSE OF DEATH * was as follows: OR min. ? 8 OCCUPATION (a) Trade, profession, or particular kind of work... (b) General nature of Industry. business, or establishment in (Duration) which employed (or employer) Contributory BIRTHPLACE (State or country) 10 NAME OF FATHER ARENTS 11 BIRTHPLACE OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, a deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUCIDAL, Or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) ot death yrs. mos. ds. State yrs, ____ mos. Where was disease contracted. 14 THE ABOVE IN TRUE TO THE BEST OF MY KNOWLEDGE it not at place of death? Former or usual residence.... 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 une 20 UNDERTAKER ADDRESS REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

gainfully employed, as At school or At home. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tlon is very important, so that the relative healthfulcated thus: CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Groccity; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: the nature of the business or industry, and therefore an Civil engineer, Stationary freman, etc. But in many first live will be sufficient, e. g., who have no occupation whatever, write None. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as "Marager," "Dealer," etc., without more precise speci-For many occupations a single word or term on the (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never rcturn "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, Farmer or Planter, "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Can-"Contributory." cause. Always qualify all diseases resulting from mus," "Old Age," "Shock," "Uraemla," "Weakness," ample: Meastes (disease causing death), 29 ds.; ture of the American Medical Association.) cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-aceisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertakeu. For viomia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaectc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenltal," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemla" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need uot be stated unless important. is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) (Recommendations on statement of may be stated under the head



1 PLACE OF DEATH	STATE OF MARYLAND
Copel 7011	CERTIFICATE OF DEATH
Gounty Celect 7914	Registration Dist. No. 95
Village or City Kras Krasson Moura,	St.: Ward) [It death occurred in
1. 1	give its NAME instead
FULL NAME Harried-H	Reclassing of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RAGE SINGLE, MARRIED, WIDOWED, WIDOWED, WIDOWED, WIDOWED, WIDOWED, WIDOWED	(Month) (Day (Year)
/ (Write the word)	I HEREBY CERTIFY, That I attended deceased from
B DATE OF BIRTH	In Go 191 , 191 ,
(Month) (Day (Year)	3. that I last saw her alive on June 6 , 1913
⁷ AGE It LESS tha	and that death occurred on the date stated above, at & a m.
70 yrs 3 mos 6 ds OR min.?	The CAUSE OF DEATH* was as follows:
BOCCUPATION	
(a) Trade, protession, or particular kind of work	Pro10012
(b) General nature of Industry,	
business, or establishment in which employed (or employer)	(Duration) yrsmosds.
9 BIRTHPLACE (State or country) Cenef Co	Secondary
10 NAME OF FATHER Elisale House	(Signed) John C. Selece M. D.
OF SATHER	, 191 (Address) Rising Wun
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or Homicidal.
a of MOTHER Maria Noble	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS TRANSISTA
13 BIRTHPLACE OF MOTHER (State or country) Deleware Go Pa	At place in the ot death yrs mos ds. State yrs mos ds
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, It not at place of death?
(Informant) Marian H. Pout	Former or usual residence
(Address) (fort Desorit Md.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
16	Hofwell Cemeter franc 30, 1913.
Filed 191	20 UNDERTAKER ADDRESS
A THE PROPERTY AND REGISTRAR	W Chacken Blyttudale
If more blanks are needed, address State Re	gistrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

fication as Day laborer, Farm laborer, Laborer-Coal tion is very important, so that the relative healthful-"Manager," "Dealer," etc., without more precise speciapplies to each and every person, irrespective of age. who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But In many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the ness of various pursuits can be known. The question (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) (b) Cotton mill; (a) Salesman, Farmer or Planter, As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

cause of death approved by Committee on Nomencia-"Contributory." sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaccause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Semile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronehopneumonia (secondary), 10 ds. affection need not be stated unless important. valvular heart disease; Chronie interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sareoma, etc., of..... ture of the American Medical Association.) by earbolic acid-probably suicide. The nature of the Aceidental drowning; Struck by railway train-acei-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) "Old Age," "Shock," "Uraemia," "Weakness," Meastes (disease causing death), 29 ds.; may be stated under the head (Recommendations on statement of "Dropsy," "Exhaustion," (name origin; "Can-Never report For vio-



BINDING MARGIN RESERVED FOR

T. B. No. 1.

RECORD	PHYSICIANS should sta	
WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	N.B.—Every item of information should be garefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very	important. See instructions on back of certificate.

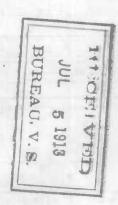
	PLACE OF DEATH	W04F	STATE OF MARY	YLAND
	· hopis	7915	CERTIFICATE OF	DEATH
C	ounty. Classe		Registration Dist.	No. 96
V	illage or City Colora M	(No	St.; Ward)	[If death occurred in a hospital or institution,
	* FULL NAME Tolle's	« E Mem	ullin	give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL P	ARTICULARS	MEDICAL CORTIFICATE OF	EATH
3 51	/ WID	GLE, Single; oweo, oweo, olivercep te the word)	16 DATE OF DEATH (Month) 17 I HEREBY CERTIFY, That I at	30 ,1913 (Day) (Year)
6 D	ATE OF BIRTH March (Month)	(Day) (Year)	that last saw h alive on	7 3 , 1913.
7 A	GE	If LESS than	and that death occurred on the days stated ab	ove, at // (m.
	yrs. mos.	23 1 day,hrs.	The CAUSE OF DEATH * was as follows:	. (
(a	CCUPATION Trade, profession, or Ticular kind of work	nfant-	Vento Gasto Entento	
bus	iness, or establishment in		(Duration)	yrs. mos ds.
9 B	RTHPLACE (at employer) (Country) (Cleek Country)	md	Contributory Har Design (Secondary)	
	10 NAME OF SE MEN	Mullen.	(Signed) / My Las	yrsds.
ARENTS	11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	les Ind	*State the DISEASE CAUSING DEATH, or, in CAUSES, state (1) MEANS OF INJURY; and (2) TAL, SUICIDAL, or HOMICIDAL.	leaths from VIOLENT) whether ACCIDEN-
PA	OF MOTHER Carrie Con MOTHER (State or country)	es Ind	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INS OR RECENT RESIDENTS) At place In the of death yrs mos ds. State	TITUTIONS, TRANSIENTS, YIS, ds.
	Informant) A Thus MCA	AY KNOWLEDGE	Where was disease contracted, If not at place of death? Former or usual residence	
16	(Address). Colora 9.	nd	19 PLACE OF BURIAL OBREMOVAL West-Nothingham Tuends	Tule 15, 1913
File	Jun 20 D 1913 Str. 60	REGISTRAR	20 UNDERTAKER AL	PIRESS MA
		i, address State Registr	rar, 6 E. Franklin St., Balto, Requesting V S No.	1

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative wealthfulwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. (a) Spinner, (b) Cotton mill; (a) Salesman, Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," "Foreman," (d)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease to the and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculossis of lungs, meninges, peritonaeum, etc.. Carcinoscipalistics of lungs, meninges, peritonaeum, etc...

childbirth or miscarriage, as "PUERPERAL scptichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness, thenia," "Anaemia" (merely symptomatic), "Atrophy," Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitie," etc. State cause for "Hart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion, "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "Asample: Mcasles (disease causing death), 29 ds.: affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic ter" is less definite; avoid use of "Tumor" for malig oma. Surcoma. etc., of cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Bronchopncumonia (secondary), 10 ds. Never report ture of the American Medical Association.) The contributory Always qualify all diseases resulting from may be stated under the head of (Recommendations on statement of (secondary or intercurrent) (name origin; "Can



V. S. No. 1.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

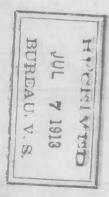
PLACE OF DEATH	STATE OF MARYLAND
County Cecil 7916	CERTIFICATE OF DEATH Registration Dist, No. 92
VIIIage or City Uston (No. 2)	St.; Ward) [N death occurred in a hospital or institution
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Femal White Spingle, Marriell Wilder (Write the word)	16 DATE OF DEATH (Month) (Month) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
TAGE TO ATE OF BIRTH (Month) (Day) (Year) If LESS than I day, hrs.	that last saw here alive on June 19, 1913, and that death occurred on the data stated above, at 24, m
BOCCUPATION (a) Trade, profession, or particular kind of work (b) Trade, profession, or particular kind of work (c) Trade, profession, or particular kind of work	The CAUSE, OF DEATH* was as follows:
(b) General nature of Industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country) Many Carrel	Contributory Character (Secondary)
10 NAME OF Benjame 7, Walusley 11 BIRTHPLACE OF FATHER (State or country) Manyland 12 MAIDEN NAME OF MOTHER TO MOTHER TO MOTHER	(Signed)
of MOTHER Thanks Welver 13 BIRTHPLACE OF MOTHER (State or country) Many land	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death
(Informant) W arthur Mitchell	Where was disease contracted, If not at place of death? Former or usual residence
(Address) 15 Filed LVM 22, 191.3 7 Frager REGISTRAR	20 UNDERTAKER LIST OF BURIAL OR REMOVAL DATE OF BURIAL June 22, 1913 ADDRESS ELKlow My
/ /If more hianks are needed, address State Regis trar, 6	E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). should be taken to report specifically the occupations duties of the household only (not paid Housekeepers who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of ilibeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation bas of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., applies to each and every person, irrespective of age Housewife, Housework, or At Home, and children, not minc, etc. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, ness of various pursuits can be known. The question tion is very important, so that the relative mealthfui-For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman." Farmer or Planter, For persons 6

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

childbirth or miscarriage, as "Purpural scotichacgenital," ture of the American Medicai Association.) cause of death approved by Committee on Nomencia "Contributory." scpsis, tctanus) injury, as fracture of skuli, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for cause. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock." -Heart failure," "Haemorrhage," "Inanition," "Maras "Colianse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As ample: Measles (disease causing affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis zer" is less definite; avoid use of "Tumor" for mails oma. Sarcoma. etc., of . Bronchopncumonia (secondary), 10 ds. Never report nant neoplasms); Measles; Whooping cough; Chronic The contributory Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of may be stated under the head (secondary or intercurrent "Traemia," "Weakness," (name origin; "Can death), 29 de: Examples:



V. S. No. 1.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

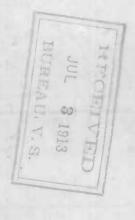
PLACE OF DEATH 7917	STATE OF MARYLAND CERTIFICATE OF DEATH	
Gounty	Registration Dist. No. 9.5	
Village or City Brucipo (No. ,)	St.; Ward) [It death occurred is a hospital or institution give its NAME instead of street and number.]	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
Male of the word) 3 SEX 4 COLOROR RACE 5 SINGLE, MARRIEO, MUCHNIE WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH JULE /6 , 1913 (Month) (Day) (Year)	
B DATE OF BIRTH 28 (Month) (Day) (Year)	that I last saw h alive on June 16, 1913.	
TAGE 5-7 yrs. mos. ds. OR min.?	and that death occurred on the date stated above, at \$.300 mm The GAUSE OF DEATH* was as follows: Survey of Copper	
(a) Trade, protession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country) Mary Land	Contributory (Secondary) (Ouration)	
10 NAME OF SUEL MOVYS 11 BIRTHPLACE OF FATHER (State or country) Lemosy Lvaria 12 MAIDEN NAME OF MOTHER OF MOTHER LEMOSE	(Signed) (Signed) (Signed) (Address) (Address) (Signed) (Signed) (Signed) (Signed) (Signed) (Address) (Address	
13 BIRTHPLACE OF MOTHER (State or country) em Sylvania	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place in the ot death	
(Informant) (Address) (Address) (Address) (Address)	Where was disease contracted, it not at place of death? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL 2 DATE OF BURIAL FUNCTION OF THE PROPERTY OF	
Filed	B. C. Taylor & Bro. Resurg Sun E. Franklin St. Balto., Requesting V. S. No. 1.	

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). duties of the household only (not paid Housekeepers who have no occupation whatever, write None. CAUSINO DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfuily employed, as At school or At home. Care fication, as Day laborer, Farm laborer, Laborer—Coal "Manager," "Dealer," etc., without more precise speciit should be used only when needed. additional line is provided for the latter statement; cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. statement. material worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative lealthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples: For persons

Statement of cause of death—Name, first, the disease causino death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar, pneumonia; Bronchopncumonia ("Tneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonaeum, etc., Carcin-

cause of death approved by Committee on Nomencia "Contributory." sepsis, tetanus) such, if impossible to determine definitely. mia," "PUEBPEBAL perttonitis," etc. childbirth or miscarriage, as "Pureperal scottchaecause. Always qualify all diseases resulting from genitai," ample: Measles (disease causing ture of the American Medical Association.) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned ACCIDENTAL, BUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJUBY and qualify as which surgical operation was undertaken. etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras. "Collapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic ver" is less definite; avoid use of "Tumor" for mails Accidental drowning; Struck by railway train-accimere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report oma. Sarcoma. etc., of The contributory (secondary or intercurrent) "Old Age," "Shock." "Senile." etc.), (Recommendations on statement of may be stated under the head "Dropsy," "Exhaustion," "Traemia," "Weakness," (name origin; "Can dcath), 29 ds.: State cause for Examples:



N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING MARGIN RESERVED FOR V. S. No. 1.

PLACE OF DEATH 7918	STATE OF MARYLAND CERTIFICATE OF DEATH
CA1-t	Registration Dist. No.
Village or City Chelon (No	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead
FULL NAME William	Murrell of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL GERTIFICATE OF DEATH
Male Colored Single, Married or of the word)	16 DATE OF DEATH (Month) (Day (Year)
6 DATE OF BIRTH	17 HEREBY CERTIFY, That I attended deceased from
	1910, to 30000, 191
(Month) (Day (Year)	that I last saw h. M.M. alive on
7 AGE If LESS than 1 day,hrs.	and that death occurred on the date stated above, atm The CAUSE OF DEATH* was as follows:
yrsmos	
(a) Trade, profession, or	Curhosis of liver
particular kind of work	J
business, or establishment in which employed (or employer)	(Duration)
9 BIRTHPLACE (State or country)	Contributory Juleste tea nephritis
(State of country) / Manua	(Dupation) vrs. mos. ds
10 NAME OF FATHER NOW Known	(Signed) Horace Lenkings, M. D
OF FATHER	, 191 (Addrése) (ACM)
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES. state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place In the of death yrs, mos, ds. State yrs, mos, ds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted,
Marie Marias	If not at place of death?
(Informant) Electric Marie	19 PLACE OF BURIAL OR FEMOVAL DATE OF BURIAL
(Address)	DATE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed June 23,191 3 . Truger	One of Marsh 10 Address
	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer "Manager," "Dealcr," etc., without more precise specistatement. material worked on may form part of the second Gracery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question tiou is very important, so that the relative healthfulwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE gainfully employed, as At school or At home. who receive a definite salary), may be entered as (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never Farmer (retired 6 yrs.) For persous return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pnenmonla," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

oma, Sarcoma, etc., of...... (name origin; "Canmia," "Puerperal peritonitis," etc. State cause for mis," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Couvulsions," "Debility" ("Congeuital," "Senile," etc.), "Dropsy," "Exhaustion," theuia," "Anacmia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronie interstitial nephritis, uant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for malig tnrc of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injnry, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichae ctc., when a definite discase can be ascertained as the "Heart failnre," "Haemorrhage," "Inauition," "Maras Bronchopneumonia (secondary), 10 ds. The contributory Always qualify all diseases resulting from Measles (disease cansing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent) Never report

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

JUL 7 1918 BUREAU, V.S

AUG 1.6 1913 BUREAU. V. S.

de segues

RECORD PERMANENT XZ UNFADING 0 0 terms, n back ATH in plain instructions 6 0 0 mportant. CAUSE

STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No ... If death occurred inWard) a hospital or institution. give its NAME instead of street and number. 1 PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 16 DATE OF DEATH 4 COLOR OR RACE 5 SINGLE. MARRIED. WIDOWED. (Month) (Day ORDIVERCED (Write the word) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH that I last saw h...... alive on (Month) (Day 7 AGE If LESS than and that death occurred on the date stated above, at 1 dayhrs. The CAUSE OF DEATH * was OR min. ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in (Buration) which employed (or employer) 9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF FATHER (Signed) 11 BIRTHPLACE PARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE OF MOTHER (State or country) At place in the of death yrs. mos. ds. State yrs. ____ mos. ... Where was disease contracted, TO THE BEST OF MY KNOWLEDGE if not at place of death?..... Former or usual residence. 19 BLACE-OF BURIAL OR REMOVAL DATE OF BURIAL 15 luns 20 UNDERTAKER ADDRESS REGISTRAR

M more blanks are needed, address State Registrar, 6 E. Franklin St., Balto, Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary froman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: ness. CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, been changed or given up on account of the DISEASE Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, (b) return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidémic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid dineumonia"); Lobar pneumonia; Bronchopneumonia ("Theumonia," unqualified, is indefinite): Tuberculcsis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronie valvular heart disease; Chronic interstitial nephritis, cer" is iess definite; avoid use of "Tumor" for maligture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichae ctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "lleart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senlie," etc.), "Dropsy," "Exhaustion, "Collapse," "Coma," "Convulsions," "Debiity" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. oma, Sarcoma, etc., of...... (name origin; "Canby carbolic acid-probably suicide. The nature of the The contributory Always qualify all diseases resuiting from Meastes (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent) State cause for



V. S. No. 1.

PLACE OF DEATH 7920	STATE OF MARYLAND CERTIFICATE OF DEATH				
Village or City Near Earlwells 2FULL NAME Hamilton 7	Registration Dist. No				
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH				
Male White Single, MARRIED, WIDDERS (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from [191, to				
(Month) (Day) (Year)	that I last saw h allve on				
7 AGE If LESS than 1 day,hrs. ORmin. ?	and that death occurred on the date stated above, at				
(a) Trade, profession, or particular kind of work (b) General nature of Industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) 110 NAME OF FATHER PACE OF FATHER (State or country) 12 MAIDEN NAME OF OF MOTHER OF MOTHER STATES	(Ouration) yrs. mos. ds. Contributory (Secondary) (Duration) yrs. mos. ds. (Signed) 10 2 1				
of MOTHER Class of My Knowledge 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Mrs Q S. Roberton (Address) Sudlemane Med 15 Filed Lune 7, 1913 JABlack	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death yrs. mos. ds. State yrs, mos. ds Where was disease contracted, if not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL TRANSIENTAL State yrs, mos. ds Date of Burial Or Burial Or Burial Date of B				
If more blanks are needed, address State Regis trar, 6 E Branklin St., Balto., Requesting V. S. No. 1.					

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). of persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise spectstatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; the nature of the business or industry; and therefore an cases, especially in industrial employments, it is necwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborer-Coal (a) Spinner, it should be used only when needed. As examples: Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative mealthfulbeen changed or given up on account of the DISEASE minc, etc. essary to know For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salcsman, (a) the kind of work and also (b) If the occupation has Farmer or Planter, For persons

Statement of cause of death—Name, first, the disease causing death—Inary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Crqup"); Typhoid fever (never report "Typhoid Dneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutoris of tungs, meninges, peritonaeum, etc... Carcin-

childbirth or miscarriage, as "Turnperal scottchaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "TUERPERAL peritonitis," etc. State cause for mus," "Old Age," "Shock," "Traemla," "Weakness," "Hart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthonla," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.: affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nent neoplasms); Measles; Whooping cough; Chronic ter" is less definite; avoid use of "Tumor" for maligture of the American Medical Association.) dent; Revolver wound of head-homicide; Polsoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably Bronchopncumonia (secondary), 10 ds. Never report oma. Sarcoma. etc., of ... The contributory "Senile," etc.), may be stated under the head (Recommendations on statement of (secondary or intercurrent "Dropsy," "Exhaustion," (name origin; "Can Examples:

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

JUL 8 1913

BINDING FOR RESERVED MARGIN

S. No.

N. B.-

PERMANENT UNFADING INK-THIS PLAINLY, WITH

PHYSICIANS should state of OCCUPATION IS very RECORD stated EXACTLY. DEATH In pial

item of information WRITE CAUSE OF I

(informant).

15

(Address).

PLAGE OF DEATH

7921

STATE OF MARYLAND

Co	ounty ClCC	Registration Dist. No. 96	
Vi	liage or City Vessyvelle (No. , ,)	St.; Ward) [it death occurred in a hospital or institution, give its NAME instead of street and number.]	
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
h	Tale Hole Single, MARRIED, WIDOWED. WITH the word)	16 DATE OF DEATH (Month) (Month) (Day (Year) 17 1 HEREBY CERTIFY, That I attended deceased from	
6 p	ATE OF BIRTH Feine 24, 19/3. (Month) (Day (Year)	that I last saw him always on Stulf form, 1913	
M	GE If LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at	
(a pa (b	CCUPATION 1) Trade, profession, or articular kind of work	Principles Deparation of	
wi	Siness, or establishment in alch employed (or employer) IRTHPLACE (State or country) (State or country)	Contributory Secondary	
ARENTS	10 NAME OF FATHER Harry L Rosa 11 BIRTHPLACE OF FATHER (State or country) Baltumore Cu 12 MAIDEN NAME OF MOTHER DE MOTHER	(Signed) 7 May and M. D. G-124, 1913 (Address) Trypille MA *State the Disease Causing-Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.	
0	13 BIRTHPLACE OF MOTHER (State or country) of Cumpia / a THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS) At place In the ot death yrs, mos ds. State yrs, mos ds Where was disease contracted, It not at place of death?	

Former or usual residence

OR

20 UNDERTAKER ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

"fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. duties of the household only (not paid Housekeepers mine, etc. material worked on may form part of the second it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cssary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as Groccry; (a) Foreman, (b) Automobile factory. For many occupations a single word or term on the ness of various pursuits can be known. The question who have no occupation whatever, write None. Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) (b) Cotton mill; (a) Salesman, As examples: For persons "Foreman," (b)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

by carbolic acid-probably suicidc. The nature of the Accidental drowning; Struck by railway train-LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaceause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inauition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. ample: affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic eer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomenciascpsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. ture of the American Medical Association.) "Contributory." The contributory (secondary or intercurrent) "Old Age," "Shock," "Uraemia," "Weakness," Measles (disease causing death), 29 ds.; (Recommendations on statement of Never report For Vio-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

JUL 5 1913
BUREAU, V.S.

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RECORD

STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. fif death occurred in St.:...Ward) a hospital or institution, give its NAME instead of street and number. 1 MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 SINGLE. 4 COLOR OR RACE MARNIED WIDOWED; (Month) (Day (Write the word) I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH (Month) (Day) (Year) 7 AGE if LESS than and that death occurred on the date stated above, at 1 day, hrs. The CAUSE OF DEATH * was as follows: OR ? BOSCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in (Duration) which employed (or employer) Contributory. (Secondary) (State or country) (Duration) 10 NAME OF FATHER ... 191... 11 BIRTHPLACE (Address) K OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-Ш 03 TAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME 4 OF MOTHER 18 ENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death yrs. mos. ds. State yrs mos. Where was disease contracted, If not at place of death? Former or usual residence. 15 ADDRESS

If more blanks are needed, address State Regis trar, 6 E. Franklin St., Botto., Requesting

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). of persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laboreradditional line is provided for the latter statement; who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., applies to each and every person, irrespective of age tion is very important, so that the relative lealthfulmine, etc. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman." Farmer or Planter, For persons

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such, if impossible to determine definitely. childbirth or miscarriage. as "Puerperal septichaecause. Always qualify all diseases resulting from genital," "Senile." etc.), "Dropsy," "Exhaustion," "Hart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile." etc.), ture of the American Medical Association.) cause of death approved by Committee on Nomencla "Contributory." sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock." thenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As Bronchopncumonia (secondary), 10 ds. Never report ample: Mcastes (disease causing death), 29 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of is less definite; avoid use of "Tumor" for malig The contributory (secondary or intercurrent) may be stated under the head (Recommendations on statement of 'Traemia," "Weakness," (name origin; "Can State cause for Examples:

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD MARGIN RESERVED FOR BINDING 7. B. No. 1.

Village or City Ran Sylven (No	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. St.; Ward) [if death occurred in a hospital or institution, give its NAME lostead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, OR DIVERCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH (Month) (Day) (Pear)	that I last saw h alive on
7 AGE 11 LESS than 1 day,hrs. 0Rmin. ?	and that death occurred on the date stated above, at
8 OCCUPATION (a) Frade, protession, or particular klod of work (b) Geoeral nature of industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country)	Contributory (Secondary) (Daration) yrs mos ds.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER	(Signed) N= Least Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
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(Informant) (Address) (Address)	Where was disease contracted, If oot at place of death? Former or usual residence
Filed Jesse 10 th, 191. 2 - The Town REGISTRAR	Friends Codest Ma June 13, 1913. 20 UNDERTAKER "ADDRESS 73. E. Mason Holling fram &
If more blanks are needed, address State Registra	r, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal statement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative mealthful-Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second essary to know (a) the kind of work and also (b) Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

losis of lungs, meninges, peritonacum, etc... pneumonia"); "Croup"); CAUSING DEATH (the primary affection with respect to brospinal fever (the only definite synonym is "Epidemic cereterm for the same disease. Examples: Ccrebrospinal time and causation), using always the same accepted ("Pneumonia," unqualified, is indefinite); Tubercu-Statement of cause of death-Name, first, the DISEASE meningitis"); Diphtheria (avoid use of Typhoid Lobar pneumonia; Bronchopncumonia fover (never report "Typhoid

> such, if impossible to determine definitely. Examples: mia," "PUERPERAL peritonitis," etc. State cause for ture of the American Medical Association. cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage, as "Purperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Hart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), thenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 da.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis "Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "Asnant neoplasms); Measics; Whooping cough; Chronic oma. Sarcoma. etc., of . is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of may be stated under the head "Dropsy," "Exhaustion," __ (name origin; "Can-Never report

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.



PHYSICIANS should state of OCCUPATION is very RECORD PERMANENT stated EXACTLY. properly classified. UNFADING INK-THIS IS PLAINLY, WITH CAUSE OF Important.

1 PLACE OF DEATH 7924 County....

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

Elf death occurred in

PERSONAL AND STATISTICAL PARTICULARS PERSONAL AND STATISTICAL PARTICULARS SEX COLOR OF RACE COLOR OF RACE CONTROL WINDOWSD CONTROL WOOD COLOR OF WORD COLOR OF WORLD CONTROL OF COLOR OF WORLD COLOR OF WORLD COLOR OF WORLD COLOR OF WORLD COLOR OF WOOD COLOR OF WORLD COLOR
PERSONAL AND STATISTICAL PARTICULARS SINGLE MARRIED, MODICAL CERTIFICATE OF DEATH 16 DATE OF DEATH 17 I HEREBY CERTIFY, First 1 attended deceased from (Month) (Day (Year) 17 AGE SINGLE (Month) (Day (Year) 18 DATE OF DEATH 19 DATE OF DEATH 19 DATE OF DEATH 10 DATE OF DEATH 11 HEREBY CERTIFY, First 1 attended deceased from 10 DAY (Year) 11 HEREBY CERTIFY, First 1 attended deceased from 11 LESS than 11 day, hrs. OR min.? 10 DEATH ** was as follows: 11 DEATH OF DEATH 12 DATE OF DEATH 13 DATE OF DEATH 14 DATE OF DEATH 15 DATE OF DEATH 16 DATE OF DEATH 16 DATE OF DEATH 17 DEATH OF DEATH 18 DATE OF DEATH 19 DATE OF DEATH 10 DATE OF DEATH 11 DEATH OF DEATH 12 DATE OF DEATH 13 DATE OF DEATH 14 DATE OF DEATH 15 DATE OF DEATH 16 DATE OF DEATH 16 DATE OF DEATH 17 DEATH OF DEATH 18 DATE OF DEATH 18 DATE OF DEATH 19 DATE OF DEATH 19 DATE OF DEATH 10 DATE OF DEATH 10 DATE OF DEATH 10 DATE OF DEATH 11 DATE OF DEATH 12 DATE OF DEATH 13 DATE OF DEATH 14 DATE OF DEATH 15 DATE OF DEATH 16 DATE OF DEATH 16 DATE OF DEATH 17 DATE OF DEATH 18 DATE OF DEATH 18 DATE OF DEATH 19 DATE OF DEATH 19 DATE OF DEATH 10 DATE OF DEATH 11 DATE OF DEATH 12 DATE OF DEATH 12 DATE OF DEATH 13 DATE OF DEATH 14 DATE OF DEATH 15 DATE OF DEATH 16 DATE OF DEATH 16 DATE OF DEATH 16 DATE OF DEATH 17 DATE OF DEATH 18 DATE OF DEATH 18 DATE OF DEATH 10 DATE OF DEATH 10 DATE OF DEATH 10 DATE OF DEATH 10 DATE OF DEATH 13 DATE OF DEATH 14 DATE OF DEATH 15 DATE OF DEATH 16 DATE OF DEATH 16 DATE OF DEATH 17 DATE OF DEATH 17 DATE OF DEATH 18 DATE OF DEATH 18 DATE OF DEATH 18 DATE OF DEATH 10 DATE OF DEATH 10 DATE OF DEATH 10 DATE OF DEATH 10 DATE
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8 Acurs 1 day, hrs. OR mln.? 6 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) 1 day, hrs. OR mln.?
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on 11 BIRTHPLACE / DD 1/2002 June 16, 1913 (Address Story Mid
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14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE. Where was disease contracted,
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If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH County Registration Dist. No. Ilf death occurred inWard) a hospital or institution. give its NAME Instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE, DATE OF DEATH MARRIFO. WIDDWED. (Month) (Dav (Year) (Write the word) I HEREBY CERTIFY That I attended deceased from DATE OF BIRTH (Month) (Day 7 AGE If LESS than and that death occurred on the state stated above, at 1 day.....hrs. The CAUSE OF DEATH* was as follows: OR min. ? BOCCUPATION (a) Trade, profession, or parficular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF FATHER PARENTS 11 BIRTHPLACE OF FATHER *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-(State or country) 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL, OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE Af place In the OF MOTHER (State or country) of death yrs. mos. .. State yrs, mos. Where was disease contracted. 14 THE ABOVE IS TRUE TO If nof at place of death?. Former or Tsual residence PLACE OF BURIAL DE REMOVAL DATE OF BURIAL (Address) 15 ADDRESS REGISTRAR If more blanks are needed, address State Registrat, 6 E. Franklin St., Valto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

(a) Spinner, (b) Cotton mill; (a) Salesman, "Manager," "Dealer," etc., without more precise specistatemeut. Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulcated thus: Farmer (retired 6 yrs.) For persons uess. Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborermaterial worked on may form part of the second essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing disease affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (avoid use of pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinited: Tudenty) lesis of lungs, meninges, personaeum, etc., Carcinglians of lungs, etc., Carci

mns," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for malig oma, Sarcoma, etc., of...... (name origiu; "Cansuch, if impossible to determine definitely. Examples: mia," "PUERPERAL peritonitis," etc. etc., when a definite disease can be ascertained as the thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. ture of the Americau Medicai Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Aecidental drowning; Struck by railway train-aeei ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerreral septiehae "Heart failure," "Haemorrhage," "Inauition," "Marus-Bronchopneumonia (secondary), 10 ds. The contributory Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations ou statement of (secondary or intercurrent) State cause for Never report

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BUREAU, V.S.

Re-sent to be signed

RECORD

PERMANENT

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INK UNFADING WITH

STATE OF MARYLAND 1 PLACE OF DEATH PHYSICIANS should state CERTIFICATE OF DEATH County. Registration Dist. No It death occurred in .Ward) a hospital or Institution, give its NAME instead of street and number. 1 MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS statement 3 SEX 4 COLOR OR RACE MARRIED. WIDOWED, Gland (Month) (Day) ORDIVORCED I HEREBY CERTIFY, That I attended deseased from Exact 6 DATE OF BIRTH une (Year) classified. (Day) (Month) If LESS than 7 AGE on the date stated above, at 1 day hrs. OR ? properly SOCCUPATION (a) Frade, profession, or particular kind of work (b) General nature of industry. business, or establishment in (Duration) may which employed (or employer) Contributory certificate. BIRTHPLACE (Secondary) (State or country) that 10 NAME OF FATHER (Signed) 90 50 terms, n back 11 BIRTHPLACE ENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or In deaths from FIGLENT CAUSES, State (1) MEANS OF INJURY; and (2) whether Acciden-00 2 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. in plain d OF MOTHER Instructions 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country EATH __ yrs. ____ ds. State yrs. ____ mos. Where was disease contracted. it not at place of death?. P Former or (intermant). OF usuai residence. Important. 19 PLACE OF BURIAL OR REMOVAL Every It DATE OF BURIAL andud. 15 20 UNDERTAKER ADDRESS REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1

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